

STATE OF IDAHO
DEPARTMENT OF INSURANCE
700 WEST STATE STREET, 3rd FLOOR
PO BOX 83720
BOISE, ID 83720-0043

FOR DEPARTMENT USE ONLY

1025 _____

CONTINUATION FEE STATEMENT
FRATERNAL BENEFIT SOCIETIES

LICENSE NO.	NAIC NO.	
COMPANY NAME		
MAILING ADDRESS		DOMICILE STATE

The following is due on or before March 1, 2006, pursuant to provisions of IDAPA 18.01.44.03.a.v.

Annual Continuation Fee: \$ **500.00**

Make your check payable to: **Idaho Department of Insurance.**
There will be a \$20.00 charge on all returned checks. Idaho Code § 28-22-105
Your canceled check is your receipt.

Date

Signature

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Telephone Number Ext.

Name (Type or Print)

Title